

A/Reissue

04/02/99

15503 U.S. PTO

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PTO/SB/50 (12-97)
Approved for use through 9/30/00. OMB 0651-0033
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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REISSUE PATENT APPLICATION TRANSMITTAL

15503 U.S. PTO
04/2866

04/02/99

Address to: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	Attorney Docket No.	ST9-95-032R
	First Named Inventor	Paul C-H Leung
	Original Patent Number	5,657,447
	Original Patent Issue Date (Month/Day/Year)	August 12, 1997
	Express Mail Label No.	EL140908397US
	Total Pages	82

APPLICATION FOR REISSUE OF: ☒ **Utility Patent** ☐ **Design Patent** ☐ **Plant Patent**
(check applicable box)

APPLICATION ELEMENTS	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/> Transfer drawings from Patent File
2. <input checked="" type="checkbox"/> Specification and Claims (amended, if appropriate)	8. <input type="checkbox"/> Foreign Priority Claim (35 USC 119) (if applicable)
3. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	9. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
4. <input checked="" type="checkbox"/> Reissue Oath / Declaration (original or copy) (37 CFR 1.175)(PTO/SB/51 or 52)	10. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)
5. Original U.S. Patent <input checked="" type="checkbox"/> Offer to Surrender Original Patent (37 CFR 1.178) (PTO/SB/53 or PTO/SB/54) or <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Affidavit / Declaration of Loss (PTO/SB/55)	11. <input type="checkbox"/> Small Entity Statement filed in prior application, Status still proper and desired
6. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es)) <input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53 or 54) <input checked="" type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney	12. <input checked="" type="checkbox"/> Preliminary Amendment
	13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
	14. <input checked="" type="checkbox"/> Other: <u>Error upon which reissue</u> <u>is based</u>

15. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label						or <input checked="" type="checkbox"/> Correspondence address below							
(Insert Customer No. or Attach bar code label here)													
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COUNTRY		U.S.A.			TELEPHONE		(310) 642-4140			FAX		(310) 641-8798	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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APPLICATION FOR REISSUE OF:
(check applicable box)



Utility Patent



Design Patent



Plant Patent

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(Submit an original, and a duplicate for fee processing)
- ☒ Specification and Claims (amended, if appropriate)
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- Original U.S. Patent
☒ Offer to Surrender Original Patent (37 CFR 1.178)
(PTO/SB/53 or PTO/SB/54)
or
☐ Ribbioned Original Patent Grant
☐ Affidavit / Declaration of Loss (PTO/SB/55)
- Original U.S. Patent currently assigned?
☒ Yes ☐ No
(If Yes, check applicable box(es))
☐ Written Consent of all Assignees (PTO/SB/53 or 54)
☒ 37 CFR 3.73(b) Statement ☒ Power of Attorney

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is based

15. CORRESPONDENCE ADDRESS



Customer Number or Bar Code Label

or ☒

Correspondence address below

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George H. Gates, Esq.

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TELEPHONE

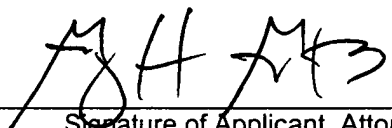
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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) ST9-95-032R		
Claims as Filed - Part 1								
Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 39	Total Claims (37 CFR 1.16(j))	(B) 39	**** 19 =	x \$	=	or	x \$78 = 1482	
(C) 11	Independent Claims (37 CFR 1.16(i))	(D) 11	* 11 =	x \$	=		x \$18 = -0-	
Basic Fee (37 CFR 1.16(h))					\$		\$ 760	
Total Filing Fee					\$	OR	\$2242	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 69	MINUS	** 39	= 30	x \$	=	or	x \$ 78 = 2340
Independent Claims (37 CFR 1.16(i))	*** 14	MINUS	***** 11	= 3	x \$	=		x \$ 18 = 54
Total Additional Fee					\$	OR	\$2394	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancelation of claims</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p>								
<p><input checked="" type="checkbox"/> Please charge Deposit Account No. <u>09-0460</u> in the amount of <u>\$ 4636</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>09-0460</u>. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.</p>								
<u>4/2/99</u> Date		 Signature of Applicant, Attorney or Agent of Record						
<u>George H. Cates</u> Typed or printed name								